

reflections in public on the actions of medical practitioners and the procedure adopted by them. The law relating to medical certification should be within the knowledge of every coroner, especially if, as in this case, he be a solicitor. It is the only excuse for appointing lawyers to be coroners. It is quite clear that in this instance there was no necessity whatever for an inquest to have been held. There was, therefore, a waste of public time and public money which, always indefensible, is particularly reprehensible at this time.

Medical Notes in Parliament.

The Discussion on the Budget.

THE Chancellor's proposals, which were summarized in our issue of September 25th, were received as a whole with general approval, but in the course of the discussion they were subjected to considerable criticism in matters of detail, and some of the points dealt with in the debate on the resolutions are of special interest to the medical profession.

Hitherto medical practitioners have received a rebate of one-half of the existing motor spirit tax, and some interest has not unnaturally been shown in the question as to whether they are to receive any rebate in respect of the increase proposed in the rate of duty. The question was raised on a resolution moved by a private member the effect of which, if carried, would have been to restrict the allowance to one-half of the old petrol duty. The Chancellor adopted a strictly non-committal attitude on the subject, and moved that the House should negative the resolution, on the ground that unless this was done the question of these abatements could not be considered in future. The resolution was negatived accordingly, but it is to be noted that on October 4th a deputation of the Commercial Motor Users' Association was informed by the Commissioner of Customs and Excise that Mr. McKenna had, after consideration of the arguments advanced by the association, introduced into the Finance Bill the necessary clause to secure a 50 per cent. rebate of the new petrol tax to all commercial motor users who had previously been exempt to the extent of 1½d. per gallon when the full tax was 3d. per gallon.

The proposed import tax of 33½ per cent. *ad valorem* duty on motor cars, motor cycles, and parts thereof, is to be subjected to extensive modifications. Mr. Lough, in opposing these taxes, said that of the motor cars imported into this country 65 per cent. were for the purpose of trade and the war, and most of the remaining 35 per cent. consisted of cheap cars used by doctors and other professional men. Mr. McKenna defended the tax as being advisable on several grounds in the special circumstances of the present moment, but at the same time announced that he was prepared to concede exemption to "motor vehicles, chassis, and parts thereof used exclusively for trade purposes." He expressly refrained from giving a more precise definition, but it will be noticed that in any event he does not seem to be committed to any exemption of cars, etc., used solely for "professional" purposes. On the other hand, some of his remarks in this connexion might lead to the belief that the exemption may be intended to apply to such cases, inasmuch as he intimated that one of the chief purposes of the tax was "to limit the import of an article which is extensively used solely for purposes of luxury." This aspect of the proposed import duties was later emphasized both by the Prime Minister and Mr. Bonar Law. If these duties are to be regarded in some measure as constituting a sumptuary tax, and traders are accordingly to be relieved, it is difficult to conceive how the relief can equitably be withheld from professional men.

On the income tax resolution several protests were made against applying the high rates of income tax to officers in the army and navy. The extent of the feeling on this subject is shown by the fact that the protest was made by a Liberal member, was supported by a Unionist, and later by a Labour member, who roundly declared that it would be a mean thing to tax the incomes of young

officers in the new armies. The Chancellor said that if, in view of the incidence of the tax, the officer was insufficiently paid, the relief ought not to be by way of abatement of the income tax, but ought to be graded right through the army. In the subsequent discussion reference was made to the enormous number of officers who had left professional and business occupations, and it was intimated that the question would again be raised when the Finance Bill came before the House.

One member urged that the law governing the income tax ought to be made intelligible to laymen. Mr. Montagu, speaking on behalf of the Government, explained that the consolidation of the income-tax laws was already proceeding; the Government, he said, was pledged to institute a Committee to examine into existing income-tax inequalities, and he suggested that the simplification and codification of the law would be better dealt with when that Committee had made its report.

It will be seen that at present several matters of considerable interest to the medical profession remain open questions. Only when the Finance Bill, based on the resolutions now agreed to by the House, is published will it be possible to deal more definitely with the considerations which will arise.

Military Mental and Nervous Cases.—Mr. Tennant informed Mr. Touche, on September 30th, that so long as accommodation was available hospital treatment was provided for soldiers suffering from nerve disturbance and loss of mental balance in the neurological sections of the twenty-three military hospitals of the United Kingdom in which uncertifiable cases amongst the rank and file were treated. In reply to a further question by Mr. Touche on the same day, Mr. Tennant stated that Springfield House Hospital, Wandsworth, to which uncertifiable cases of soldiers suffering from nerve disturbance and loss of mental balance were sent, was a block of the Middlesex County Asylum at Wandsworth, and was under the same management as the rest of the institution. Any civilian admitted to the county asylum would have been certified as insane. Cases were not sent to Springfield House Hospital until after a period of treatment in the neurological section of a general hospital.

Invalided from Navy.—Commander Bellairs asked the First Lord of the Admiralty, on September 30th, in view of the admitted facts in regard to the case of Surgeon David Vickery, who was invalided from the navy on a mistaken diagnosis, whether he would now communicate the decision of the Admiralty on his claim for the surgical and medical expense in which he was involved, bearing in mind that the grievance was of many months' standing. Dr. Macnamara said that as an act of grace it had been decided to make a grant of £20.

Hospital Ships at Gallipoli.—Mr. Tennant stated, in reply to Sir Henry Craik on September 30th, that the medical arrangements for dealing with the sick and wounded at Gallipoli were entirely in the hands of the Royal Army Medical Corps. The transport of the sick and wounded involved the co-operation of the naval authorities, who had the control over the working of the ships, which was exercised through a naval hospital transport officer. There were fifty ships regularly engaged on this service; this number, it was hoped, would prove adequate, but as an emergency measure other transports could be utilized in addition. In reply to a subsequent question, Mr. Tennant said he thought he was correct in saying that of the fifty ships referred to forty-nine were hospital ships.

Wounded Medical Officers and Rewards.—Mr. T. M. Healy asked the Under Secretary of State for War, on September 21st, whether doctors wounded while attending to soldiers under fire would receive, or were entitled to, any special recognition for their bravery. Mr. Tennant said that the mere fact of being wounded while attending to soldiers under fire did not entitle a medical officer to special recognition for bravery, but these officers received full recognition for valour shown, their cases being considered on the same lines as those of other officers. Any exceptional circumstances would be given their proper weight.

Medical Inspection of Scholars.—In replying to Mr. Peto, on September 30th, Sir John Simon said that the medical examination under the Factory Acts was for the purpose of testing the fitness of the child for employment in a particular factory, and imposing any necessary conditions as to the precise kind of employment. The requirement applied to all persons under the age of 16, and the bulk of the examinations took place after the child had left school. The question of linking up this examination with the school medical inspection had not been overlooked, but no change in the requirements of the Factory Acts could be made without an amendment of the Acts, and that could not be undertaken at present.

THE WAR.

THE FRENCH ARRANGEMENTS FOR THE WOUNDED FROM RECENT ACTIONS.

As we noted at the time, defects in the medical service of the French army were recently made the occasion of a violent attack on the Government through the Minister of War. The spokesmen of the Government and of the Committee of Hygiene, while admitting that last year defective organization led to many delays and mistakes, alleged that matters had been put into order. This assertion has been tested during the last fortnight, and the results have justified it. M. J. Godart, the new Under Secretary of State for War charged with the supervision of the medical arrangements, has been to watch the work of evacuating the wounded from the front in Champagne and Artois, and has given *Le Journal* an account of his observations.

The medical service had, M. Godart said, two problems to solve: first, to transport the wounded rapidly, and, secondly, to distribute them suitably. The number of automobiles actually in the field has been increased, and they go up as far as the *poste de secours* whenever that is possible. They worked without stopping day or night, so that the time a wounded man was left on the field was reduced to a minimum. The ambulances from the first line to the railway stations are worked in the same way. By an arrangement with the railway companies the speed of the ambulance trains has been increased to from 30 to 45 kilometres (18 to 27 miles) an hour. The trains are heated and ventilated, and are not kept waiting more than an hour in the railway stations. They are completely disinfected after each journey. The distribution of the wounded has been arranged by regions, and the number of wounded each region can receive is known. Each region has a distributing railway station with an experienced surgeon in charge. When the wounded arrive they bear labels indicating the nature and gravity of the wound; the surgeon in charge of the distributing railway station knows the surgical resources of his region, and therefore where to send the wounded. At each such station there is an ambulance where urgent operations can be performed. Before his arrival each wounded man has, as a matter of routine, received an antitetanic injection. The general result of these arrangements has been that the wounded sent to Brittany arrived there twenty-four hours after receiving their wounds, in Paris within fourteen hours, and at Fontainebleau within sixteen hours. The longest period before a wounded man had reached the hospital to which he was assigned was thirty hours.

The automobile surgical ambulances had been so far useful that a considerable number of operations had been performed in them under excellent conditions, but on the whole, as at present organized, their position was found to be ill defined. If they are allowed to be too mobile they are not able to do enough, and if stationary they really duplicate the stationary ambulances. They ought, in M. Godart's opinion, to be replaced by operating and sterilizing cars without any surgical personnel, which could be sent to ease points at which there was special pressure. The radiological cars had worked perfectly, and had rendered it possible to make rapid diagnoses and to undertake early operations, which had been greatly to the advantage of a number of wounded men.

The means taken for preventing the effects of poisonous

gases had been satisfactory, as was proved by the fact that very few cases had occurred in spite of the enormous quantity of those gases employed by the Germans. The soldiers could be well protected by masks and helmets, but in the excitement of an assault it was very difficult to get them to wear them. Nevertheless, during these particular operations the men got through the poisonous zone so quickly that they did not suffer. The British masks and helmets have also, we understand, proved very efficient, and are adapted to neutralize gases the Germans are known to have employed, or are suspected of proposing to employ.

M. Godart said that the new metal skull-cap had proved useful, and had prevented a considerable number of wounds; shrapnel bullets did not penetrate it. Similar metal caps have, we believe, been issued to the British, and probably we are as much indebted to the French in this respect as they are to us with regard to the gas helmets.

The general sanitary condition was good; tetanus had very nearly disappeared and gas gangrene had greatly diminished. The serum of Leclainche and Vallé had given good results. The general sanitary state of the troops was good; this was due to the strict orders given by General Joffre with regard to the removal and incineration of refuse in the camps and the disinfection of places, and as to the war against flies. Soldiers in camps were not allowed to lie directly on the ground, but were provided with wicker hurdles to sleep on. The senior medical officers of regiments were instructed to come to an understanding with the municipalities with regard to the strict scavenging of towns, and the regiments were also provided with laundry carts in which linen could be washed and dried. The result was that the murderous epidemics of previous wars were unknown.

M. Godart concluded as follows: "Things are, it is true, not yet perfect. Our task is heavy. This is as true for the health service of the army as for the manufacture of guns and munitions. Our labour never ends, but we are putting all our energy into it. The prime right of the soldier who has shed his blood on the field of battle is to be well treated and quickly treated."

We are enabled by the kindness of a correspondent to reproduce here a diagrammatic form used by Dr. Baradat in one of the regions—the region of Privas, the chief town of the Department of the Ardèche, which borders the Rhone below Lyons on the western side. With this diagram properly filled up the medical officer in charge of the distributing railway station at Lyons knows how many beds are available in each town, and Dr. Baradat, who is the responsible officer at Privas, the centre of the region, knows in what hospitals the men are, how many are in the convalescent dépôt at Privas, and how they have been disposed of when they leave that institution. As will be seen, the number of beds and formations varies very much in the different towns according to the facilities, including in particular the number and size of suitable buildings, available. At Annonay there are eight formations with 511 beds; at Aubenas-Vals there are six formations with 356 beds; at Privas, the county town, five formations with 376 beds. It would, of course, make the work very much simpler to have all the men in one big building—one formation—but this is seldom possible. The difficulty exists also in this country, and was illustrated by the case of Manchester, mentioned last week, where the 3,000 beds available had to be distributed through twenty-two different buildings.

The British system for distributing wounded men to hospitals at home, which has been at work for the last year, resembles that described above as now organized in France, but owing to the sea transit it is rather more complicated. The work of distribution has to be done twice, first at a point on the lines of communication from the front, where the officer in charge has a daily statement showing the number of beds vacant in France, and the number of hospital ships available; with this in his hand he has to decide whether a man shall be sent to a British hospital in France, and if so which, or sent home direct, and in making his decision he must have regard to the man's condition and the nature of his wound. The second sorting takes place at the home port of disembarkation, where information in tabular form, but similar to that in Dr. Baradat's diagram, is in the hands of the officer